

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jan 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000017041 (0)**

1. Corporation Name  
**WAYMONT DEVELOPMENT CORPORATION**



Principal Place of Business Mailing Address  
**3455 W LAKE MARY BLVD LAKE MARY FL 32795**  
~~P.O. BOX 007 LAKE MARY FL~~

3. Date Incorporated or Qualified **03/01/1996** 3a. Date of Last Report **3/1/96**

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** **P.O. Box 950337**

4. FEI Number **59-3306174** Applied For Not Applicable

22. City & State 27. City & State

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State **Lake Mary Florida**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip Country 25. Zip Country **29 32795-0337 30 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SORENSEN, KATHERINE L**  
**1590 GAY ROAD**  
**WINTER PARK FL 32789**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CANAL, JOHN W</b>
STREET ADDRESS	<b>3455 W LAKE MARY BLVD</b>
CITY-ST-ZIP	<b>LAKE MARY FL 32795</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SHARP, BOBBY M</b>
STREET ADDRESS	<b>3455 W LAKE MARY BLVD</b>
CITY-ST-ZIP	<b>LAKE MARY FL 32795</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CANAL, ELIZABETH B</b>
STREET ADDRESS	<b>3455 W LAKE MARY BLVD</b>
CITY-ST-ZIP	<b>LAKE MARY FL 32795</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MACHULES, DAWN</b>
STREET ADDRESS	<b>3455 W LAKE MARY BLVD</b>
CITY-ST-ZIP	<b>LAKE MARY FL 32795</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John W Canal* 1/17/97 407-323-9669  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)